

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH				Arizona State Board of Health		STATE FILE NO. <u>184</u>	
1. PLACE OF DEATH				BUREAU OF VITAL STATISTICS		REGISTERED NO. <u>15</u>	
COUNTY <u>Maricopa</u>		STATE <u>ARIZONA</u>					
TOWNSHIP <u>Seventh</u>		OR VILLAGE					
CITY <u>Phoenix</u>		NO. <u>Arizona State Hospital</u>		ST. <u>Tempe</u>		WARD	
LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)				HOW LONG IN U. S. IF OF FOREIGN BIRTH? YRS. MOS. DS.			
IN CITY OR TOWN WHERE DEATH OCCURRED <u>24</u> YRS. MOS. DS.				HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. MOS. DS.			
2. FULL NAME <u>Emma O. Partin</u>				IF NON-RESIDENT GIVE CITY OR TOWN AND STATE			
(A) RESIDENCE: NO. (USUAL PLACE OF ABODE)				ST. <u>Tempe Arizona</u>			
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD) <u>Divorced</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>2-1-1937</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thomas J Partin</u>				22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>1-27-1937</u> TO <u>2-1-1937</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>				I LAST SAW H. <u>er</u> ALIVE ON <u>2-1-1937</u> DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>5:15 PM</u> M.			
7. AGE YEARS MONTHS DAYS	IF LESS THAN 1 DAY, HRS. OR MIN.			THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:			
<u>64</u>				<u>Cerebral Hemorrhage 2 days</u>			
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>none</u>						
	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.						
	10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)			11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Mississippi</u>				OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:			
FATHER	13. NAME <u>Unknown</u>			<u>Acute Bronchitis 1 week</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Unknown</u>						
	15. MAIDEN NAME <u>Unknown</u>						
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Unknown</u>			NAME OF OPERATION DATE OF			
	17. INFORMANT <u>Records Arizona State Hosp</u> (ADDRESS) <u>Phoenix Arizona</u>			WHAT TEST CONFIRMED DIAGNOSIS? WAS THERE AN AUTOPSY? <u>no</u>			
	18. BURIAL, CREMATION, OR REMOVAL <u>removal</u> PLACE <u>Tempe Arizona</u> DATE <u>2-1-1937</u>			23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF INJURY, 19			
19. EMBALMER { LICENSE NO. <u>30</u> SIGNATURE <u>Edward P Carr</u> FUNERAL DIRECTOR <u>Carr Mortuary</u> ADDRESS <u>Tempe Arizona</u>				WHERE DID INJURY OCCUR? (SPECIFY CITY OR TOWN, COUNTY AND STATE)			
20. FILED <u>2-2-1937</u> <u>Holmes Anderson</u> REGISTRAR				SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE <u>no</u>			
				MANNER OF INJURY			
				NATURE OF INJURY			
				24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>no</u>			
				IF SO, SPECIFY (SIGNED) <u>E. S. Burns</u> M. D.			
				(ADDRESS) <u>Arizona State Hosp</u>			